

UNITED STATES DISTRICT COURT

for the

Western District of New York

22 CV 6282

Case No.



JURY TRIAL: Yes ☒ No ☐

JOSEPH T. BARTOLONE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SHERIFF DEPUTIES JOHN DOE, 1, 2, 3
MCHARD COUNTY SHERIFF - TODD BARTER
PRIME CARE MEDICAL SERVICE

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name JOSEPH T. BARTOLONE
 All other names by which
 you have been known: _____
 ID Number 600868
 Current Institution MONROE COUNTY JAIL
 Address 130 SOUTH PLYMOUTH AVENUE
ROCHESTER NY 14614
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name JOHN DOE 1
 Job or Title (*if known*) MONROE COUNTY SHERIFF DEPUTY
 Shield Number _____
 Employer MONROE COUNTY
 Address 130 SOUTH PLYMOUTH AVENUE
ROCHESTER NY 14614
 City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name JOHN DOE 2
 Job or Title (*if known*) MONROE COUNTY SHERIFF DEPUTY
 Shield Number _____
 Employer MONROE COUNTY
 Address 130 SOUTH PLYMOUTH AVENUE
ROCHESTER NY 14614
 City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name JOHN DOE 3
Job or Title (if known) MONROE COUNTY SHERIFF
Shield Number _____
Employer MONROE COUNTY
Address 130 SOUTH PLYMOUTH AVENUE
ROCHESTER NY 14614
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name PRIME CARE MEDICAL SVC.
Job or Title (if known) _____
Shield Number _____
Employer PRIME CARE MEDICAL SVC.
Address 3940 LOCUST STREET LANG
HARRISBURG PA 17109
City State Zip Code
☐ Individual capacity ☒ Official capacity

II. **Basis for Jurisdiction**

MONROE COUNTY SHERIFF TODD BARTER (INDIVIDUAL)
130 S. PLYMOUTH AVENUE ROCHESTER NY 14614

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

CRUEL AND UNUSUAL PUNISHMENT 8TH AMENDMENT
DUE PROCESS OF LAW 14TH AMENDMENT EXCESSIVE FORCE

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

- EACH DEPUTY ASSAULTED ME WHILE I WAS TIED TO A HOSPITAL BED
- PRIMECARE WAS MORE THAN MERELY NEGLIGENT TO MY MEDICAL NEEDS
- MONROE COUNTY SHERIFF TODD BARTER - TRAINED SAID DEPUTIES AND ALSO MADE POLICY CONTRACTS WITH PRIMECARE FOR MEDICAL SERVICES IN THE JAIL.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(SEE ATTACHED PAGES)

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

MAY 2022 ^{At} STRONG HOSPITAL ELMWOOD AVENUE ROCHESTER NY 14618

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

MONROE COUNTY JAIL 130 SOUTH PLYMOUTH AVE ROCHESTER NY 14614

MONROE COUNTY SHERIFF "TODD BAXTER"

ACTING IN PERSONAL OR INDIVIDUAL CAPACITY (EITHER OR) AS WELL AS AS ACTING UNDER THE AUTHORITY AND COLOR OF STATE LAW.

DID HEREBY CONTRACT WITH PRIMECARE MEDICAL SERVICES (HERE KNOWN AS "PMS") TO WHICH MEDICAL POLICY, CUSTOMS AND PRACTICES WERE PUT INTO PLACE THAT DID VIOLATE PLAINTIFF "DUE PROCESS RIGHTS AND 8TH AMENDMENT RIGHTS TO "BE FREE OF CRUEL AND UNUSUAL PUNISHMENT AND TO NOT BE EXPOSED TO "EXCESSIVE FORCE."

SHERIFF. BESIDES BEING RESPONSIBLE FOR THE KNOWN CONTRACT WITH "PMS" IS ALSO NAMED FOR JOHN DOE 1, 2, 3 DEPUTIES WHO WERE ON DUTY DURING AN ASSAULT UPON PLAINTIFF IN URMH HOSPITAL ON OR ABOUT MAY 2022. SHERIFF DID KNOW OR SHOULD HAVE KNOWN VIA "PMS" INFORMATION REPORT AND URMH HOSPITAL INCIDENT REPORT THAT JOHN DOE 1, 2, 3 DEPUTIES WERE INVOLVED WITH EXCESSIVE FORCE AND ASSAULT.

PLAINTIFF WAS A PRE-TRAIL DETAINEE SO ALL THE CLAIMS HERE WITHIN MAY ALSO TRIGGER THE 14TH AMENDMENT FOR ANY TYPE OF REDRESS FOR RELIEF.

MONROE COUNTY SHERIFF DOES SHARE A CASUAL NEXUS WITH PRIMECARE MEDICAL AS WELL AS PERSONAL KNOWLEDGE THROUGH DEPUTIES AND CHAIN OF COMMAND. COUNTY SHERIFF DID KNOW OR SHOULD OF KNOWN AN INMATE WAS EXPERIENCING A SEVERE MEDICAL REACTION WITHIN THE JAIL DUE TO MISCALCULATION OF POWERFUL MEDICATIONS GIVEN TO AN INMATE BY A MEDICAL SERVICE COMPANY HE CONTRACTED WITH, THAT SENT SAID INMATE TO URMH HOSPITAL BECAUSE OF THE MISDIAGNOSIS. THE COUNTY SHERIFF KNEW AND ALSO SHOULD HAVE KNOWN OF THE ASSAULT UPON PRE-TRAIL DETAINEE WHILE RESTRAINED TO A BED WHILE AT URMH HOSPITAL BY 2 DEPUTY SHERIFFS AND ONE THAT WATCH THE ASSAULT AND DID NOT INTERVENE TO STOP ASSAULT THAT CAUSE PHYSICAL AND PSYCHOLOGICAL DAMAGE. IT IS THE COUNTY SHERIFF RESPONSIBILITY TO KEEP INMATES SAFE AND FREE FROM ASSAULTS AS PRE-TRAIL DETAINEES OR INMATES.

** ALL TO BE PROVEN THROUGH DISCOVERY AND MEDICAL RECORDS ORDERED BUT NOT IN POSSESSION YET.

PRIMECARE MEDICAL SERVICES

PLAINTIFF ALLEGES VIOLATIONS OF HIS "DUE PROCESS RIGHTS" AND HIS "8TH AMENDMENT RIGHT" TO BE FREE OF CRUEL OR UNUSUAL PUNISHMENT.

PRIMECARE MEDICAL SERVICES (HERE KNOWN "PMS") IS CONTRACTED BY THE MONROE COUNTY SHERIFF TODD BAXTER TO PROVIDE MEDICAL SERVICES TO INMATES WITHIN THE MONROE COUNTY JAIL 130 SOUTH AVENUE ROCHESTER NY 14614.

ON OR ABOUT APRIL 2022 PLAINTIFF WAS INCARCERATED IN THE MONROE COUNTY JAIL. PLAINTIFF WAS NEVER MEDICALLY EXAMINED INTO THE JAIL VIA "PMS" DIRECTIVE TO SEE WHAT TYPE OF MEDICATIONS PLAINTIFF WAS REQUIRED BY HIS PHYSICIAN TO TAKE. THIS DELAY WAS NOT RECTIFIED FOR OVER A WEEK, AND PLAINTIFF WAS FINALLY ALLOWED TO TALK WITH A "PMS" COORDINATOR SO HE MAY COMMUNICATE HIS MEDICATIONS AND MEDICAL NEEDS, WHICH INCLUDE: HEART ISSUES, DIABETES, COPD, BLOOD PRESSURE, CHOLESTEROL, AMONGST OTHERS.

WITHOUT ASKING ME FOR MY PHYSICIAN INFORMATION OF ANY KIND, "PMS" EMPLOYEES STARTED MEDICATING ME FOR THE ABOVE USING GENERIC DRUGS THAT HAD AN IMMEDIATE ADVERSE EFFECT UPON ME PHYSICALLY (CRAMPS, JOINT PAIN, FEVER, HEADACHES, DIARRHEA) AS WELL AS MENTALLY. PLAINTIFF HAS NEVER BEEN INCARCERATED BEFORE AND BEING ILL FROM THE WRONG MIXTURE OF "PMS" WRONGFUL AND KNOWINGLY WRONGFUL, MIX HAS MADE HIS INCARCERATION MUCH MORE DEBILITATING AND CRUEL THAN NEEDED.

ON OR ABOUT MAY 2022, DUE TO THE INCREASED MED MIXTURE AND OVERDOSES, AND MIX AND MATCHING / AGAIN WITHOUT MY PHYSICIAN) AND MED EXCHANGING, HALLUCINATIONS STARTED. I SAW PEOPLE BEHIND MY MIRROR, 1 FT TALL PEOPLE IN MY CELL, DOGS IN MY LOUNDRY, AND DOGS AND CATS BEING THROWN FROM BUILDINGS.

DEPUTIES WERE TOLD ABOUT THESE EPISODES AND SUCH WERE TOLD BY OTHER INMATES. UPON ONE OF THE CELL CHECKS, THE DEPUTIES ASKED ANOTHER INMATE IF PLAINTIFF WAS FAKING. PLAINTIFF WAS FINALLY TAKEN TO UPMC MEDICAL ELMWOOD AVENUE ROCHESTER NY.

THE ABOVE CARE WAS DEFINATELY NOT "REASONABLE" AND WAY MORE THAN MERELY "NEGLECT" TO WHICH "PMS" SHOULD BE HELD LIABLE FOR ITS COORDINATOR, NURSE PRACTITIONERS AND DOCTORS.

SMITH V PRIMECARE MEDICAL 269 A.D. 2d 654 FEB 3, 2000

*** ALL ABOVE TO BE PROVEN THROUGH DISCOVERY + MEDICAL RECORDS ORDERED BUT NOT RECEIVED YET

MONROE COUNTY DEPUTY SHERIFF "JOHN DOE 1" (TO BE NAMED IN DISCOVERY)

WHILE PLAINTIFF WAS RESTRAINED TO A HOSPITAL BED AT UPMC HOSPITAL WHERE HE WAS BEING TREATED FOR MENTAL HEALTH EPISODES THAT INCLUDED PANIC ATTACKS, ANXIETY AND HALLUCINATIONS AT MONROE COUNTY JAIL 130 S. PLYMOUTH AVE ROCHESTER NY 14614. PLAINTIFF ARMS AND RIGHT LEG WERE RESTRAINED TO THE BED VIA JAIL RESTRAINTS, AND ONLY LEFT LEG WAS FREE.

IN OR ABOUT MAY 2022 A HALLUCINATION EPISODE TOOK PLACE TO WHERE PLAINTIFF THOUGHT HE SAW HIS WIFE IN THE ROOM ACROSS THE HALL WITH A BUNCH OF PEOPLE AND SHE WAS LYING FOR HIM TO HELP HIM. PLAINTIFF TRIED TO MOVE DOWN THE BED USING HIS FREE LEG ONLY SCREAMING AT DEPUTY JOHN DOE 1, 2, 3 THAT HE NEEDED TO HELP HIS WIFE, THAT SHE WAS DYING.

PLAINTIFF AT ALL TIMES WAS RESTRAINED TO THE BED THROUGH JAIL RESTRAINTS AND CREATED NO REAL THREAT TO DEPUTIES OTHER THAN A LOT OF SOVRIRING AND YELLING AND A LEFT LEG MOVING DOWN THE BED TO TRY AND GET UP.

JOHN DOE #1 THEN CLIMBED UP ONTO PLAINTIFF DELIBERATELY TOOK HIS KNEE AND JAMMED IT INTO THE "RESTRAINED" ANKLE CAUSING WANTON PAIN, AND INFLAMATION. JOHN DOE 2 HAD DONE THE SAME ACTION TO PLAINTIFF KNEE TO WHICH BOTH ACTIONS CAUSED A STAFFE INFECTION CAUSING PLAINTIFF TO LOSE A BIG NAIL, NERVE DAMAGE A BROKEN 2ND TOE, FROM TODAY DATE THE USE OF A WALKER TO TODAYS DATE.

THE RIGHT TO FREE FROM ASSAULT OR FREE OF CRUEL AND UNUSUAL PUNISHMENT ARE CLEARLY ESTABLISHED RIGHTS. JOHN DOE 1 ALSO KNEW OR SHOULD BE KNOWN THE ACTION TAKEN OR CONDUCT DID VIOLATE THAT RIGHT FOR HE RESTRAINED THE LEG THAT WASN'T EVEN FREE OF MOVEMENT.

DEPUTY ACTED KNOWINGLY AND WILLINGLY, IN HIS INDIVIDUAL AND OFFICIAL CAPACITY AND ALSO ACTING UNDER THE COLOR OF THE STATE, VIOLATING INMATE/DETAINEE 8TH AND 14TH AMENDMENT RIGHTS AND CLEARLY ESTABLISHED LAW AND RIGHTS.

XX ALL TO BE PROVEN AND NAMED THROUGH DISCOVERY

MONROE COUNTY DEPUTY SHERIFF "JOHN DOE 2" (TO BE NAMED IN DISCOVERY)

WHILE PLAINTIFF WAS RESTRAINED TO A HOSPITAL BED AT UPMC HOSPITAL WHERE HE WAS BEING TREATED FOR MENTAL HEALTH EPISODES CAUSED BY COUNTY JAILS CONTRACTED MEDICAL SERVICE COMPANY "PMS" THAT TRIGGERED PANIC ATTACKS, ANXIETY AND HALLUCINATIONS.

ALL OF THE ACTIONS THAT HAPPENED WITH DEPUTY JOHN DOE 1 ARE THE SAME AND RELEVANT WITH THE ONLY EXCEPTION THAT IT WAS INMATE / DETAINEE RIGHT KNEE WHERE DEPUTY JOHN DOE 2 PLACED HIS KNEE. DROVE HIS KNEE DOWN WHILE PLAINTIFF'S KNEE DURING A HALLUCINATION EPISODE, EVEN ALTHOUGH PLAINTIFF WAS RESTRAINED TO A HOSPITAL BED EXCEPT FOR ONE LEG.

THIS ACTION CAUSED DAMAGE TO THE KNEE AND TENDONS AND TISSUE WITHIN THE KNEE. INMATE / DETAINEE NOW USES A WALKER TO MOVE AND THAT MAKES HIM SUSCEPTIBLE TO ASSAULT OR HARM OR EVEN SERIOUS PHYSICAL HARM WITHIN THE JAIL.

THE DAMAGE TO THE KNEE CAUSED A STAFFE INFECTION THAT MOVED TO THE ANKLE AND DID CAUSE THE BIG TOE NAIL TO FALL OFF.

DEPUTIES DID WILLINGLY AND KNOWINGLY ACT MALICIOUSLY AND WERE PERSONALLY INVOLVED. ACTED IN THEIR OFFICIAL AND INDIVIDUAL CAPACITY, AND ACTED UNDER THE COLOR OF STATE LAW.

ACTIONS VIOLATED DUE PROCESS FOR INMATES / DETAINEES AND 8TH 14TH AMENDMENTS.

ALL TO BE PROVEN AND NAMED THROUGH DISCOVERY

WHILE PLAINTIFF WAS RESTRAINED TO A HOSPITAL BED AT URMC HOSPITAL BED AND RESTRAINED WHERE HE WAS BEING TREATED FOR A MENTAL HEALTH EPISODE CAUSED BY COUNTY JAILS CONTRACTED MEDICAL SERVICE COMPANY "DMS" THAT TRIGGERED PANIC ATTACKS, ANXIETY AND THE HALLUCINATIONS.

ALL OF THE ACTIONS AND INCIDENT FACTS WITH JOHN DOE 1 AND JOHN DOE 2 NAMED IN THIS COMPLAINT. THE EXCEPTION IS JOHN DOE 3 DID KNOWINGLY AND WILLINGLY CHOOSE NOT TO INTERVENE OR PROTECT INMATE / DETAINEE FROM THE 8-10 MINUTE EPISODE THAT DAMAGED INMATE / DETAINEE ANKLE AND KNEE THAT ALSO CREATED THE STAFFE INFECTION.

INMATE / DETAINEE STILL TO THIS DAY HAS TO USE A WALKER WHICH MAKE HIM SUSCEPTABLE TO PHYSICAL HARM AND ASSAULT WITHIN THE JAIL.

DEPUTIES FAILURE IN TRAINING NOT TO INTERVENE OR PROTECT INMATE / DETAINEE VIOLATED CLEARLY ESTABLISHED DUE PROCESS RIGHTS AND 8TH AND 14TH AMENDMENT CONSTITUTIONAL RIGHTS.

DEPUTY DID ACT UNDER THE COLOR OF STATE LAW.

ALL TO BE PROVEN AND NAMED THROUGH DISCOVERY

C. What date and approximate time did the events giving rise to your claim(s) occur?

BETWEEN MAY 6 - MAY 13, 2022 FROM 12 PM - 8 PM.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

- PLANTIFF WAS MISDIAGNOSED BY PRIMECARE STAFF SENDING HIM TO STRONG HOSPITAL FOR HALLUCINATIONS + MENTAL BREAKDOWNS
- MONROE COUNTY SHERIFF DEPUTIES ASSAULTED AND USED EXCESSIVE FORCE ON PLANTIFF WHILE HE WAS RESTRAINED TO A BED.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

RIGHT KNEE FRACTURE - FLUID STILL PRESENT AS OF JUNE 2022
NERVE, MUSCLE DAMAGE DAMAGE IN RIGHT LEG REQUIRING WALKER
STAFFE INFECTION NOW SPREADING THROUGH RIGHT LEG TO FOOT

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

RESTRAINING ORDER OF TRANSPORT MONROE COUNTY SHERIFF DEPUTIES
JOHN DOE 1, 2, 3 AND RE-TRAINING IN EXCESSIVE FORCE PROCEDURE
MONETARY + MONEY DAMAGE OF \$1,860,000 PAIN, SUFFERING AND GOING
EXPENSES MEDICAL

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- ☒ Yes FOR ASSAULT
☒ No FOR MEDICAL

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

PLANTIFF WAS AT STRONG HOSPITAL DURING THE TIME OF ASSAULT

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- ☒ Yes
☐ No
☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- ☐ Yes
☒ No
☐ Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I HAVE NEVER BEEN IN JAIL I DIDN'T KNOW WHAT A GRIEVANCE IS

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

PRIMEARE DID NOT MENTION A COMPLAINT FORM OR ANYTHING

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I HAVE NOT BEEN INCARCERATED BEFORE SO A GRIEVANCE PROCESS IS NEW TO ME. HOWEVER SINCE MAY 2020, I HAVE FOUND THAT THE JAIL GRIEVANCE PROCESS IS NOT WORKING. YOU ASK FOR A FORM, IT NEVER COMES. IF IT DOES, THE GRIEVANCE COMMITTEE DOESN'T ANSWER IN THE 45 DAY TIME LIMIT.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

6/17/2022

Signature of Plaintiff

Joseph T. Bartolone

Printed Name of Plaintiff

JOSEPH T. BARTOLONE

Prison Identification #

600868

Prison Address

130 SOUTH PLYMOUTH AVENUE ROCHESTER

ROCHESTER

City

NY

State

14614

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

"PRO-SE"

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

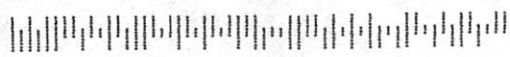
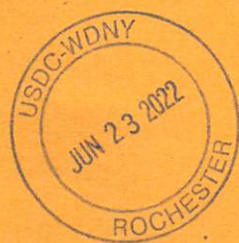
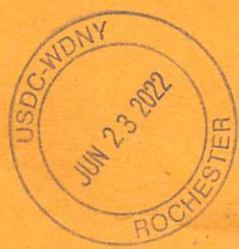
Zip Code

Telephone Number

E-mail Address



COURTHOUSE
CLERK LOWENGUTH
STREET
N.Y. 14614



MEJ
J. BARTOLONE
130 S. PLYMOUTH AVE
ROCHESTER, NY 14614

1360 US C
C/O CHIEF C
100 STATE
ROCHESTER